PAGE 1/7

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Dr Kim Schrier for Congress PO Box 2728 ADDRESS (number and street) (Check if address is changed) Issaquah 98027 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS phil@seattlecfo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.drkimschrier.com (Check if address is changed) DATE 2018 C00652628 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lloyd, Philip, , , Type or Print Name of Treasurer Lloyd, Philip,,, [Electronically Filed] 02 26 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information bel	low.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Committee information below.)	Complete the candidate
Name of Candidate Schrier, Kim, , Dr.,	
Candidate Office Party Affiliation DEM Sought: X House Senate Presiden	State
Party Affiliation DEM Sought: X House Senate Presiden	District 08
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	<b>∍</b> .
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	e segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2 FEC ID number C	
3. FEC ID number C	
4.	

FEC <b>Form 1</b> (Revised 0:	2/2009)	Page <b>3</b>
Write or Type Committee Name		
Dr Kim Schrier f	or Congress	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
Batleground Women of  Mailing Address		
	Organization Affiliated Committee X Joint Fundraising Representative ify by name, address (phone number optional) and position of the person if	Leadership PAC Sponsor in possession of committee
books and records.	, , , , , , , , , , , , , , , , , , ,	
Full Name  Lloyd, Philip  Full Name	603 Stewart Street suite 819	
	Seattle WA 98°	101
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	-   382   -   5552
3. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the sistant treasurer).	ne name and address of
Full Name Lloyd, Philip of Treasurer	\$,,, 	
Mailing Address	603 Stewart Street suite 819	
	Seattle WA 981	
Title or Position Treasurer	CITY STATE  Telephone number 206	ZIP CODE  - 382 - 5552

FEC <b>Form 1</b> (Revised	1 02/2009)		Page <b>4</b>
Full Name of Designated Lloyd, Phil Agent Lloyd, Phil	ip, , ,		
Mailing Address	603 Stewart Street suite 819		
	Seattle	WA 98101 STATE Z	IP CODE
Title or Position Treasurer	Telephone	e number 206 – 3	82 5552
Banks or Other Depositoric safety deposit boxes or main Name of Bank, Depository, e		mmittee deposits funds, holds	accounts, rents
Bank o	f America		
Mailing Address	3 Dupont Circle		
	Washington	DC 20036	
	CITY	STATE Z	ZIP CODE
Name of Bank, Depository, e	etc.		
Woods	boro Bank 5 N Main St,		
Mailing Address			
	Woodsboro	MD 21798	
	CITY	STATE Z	ZIP CODE

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_5\_ **of** 7\_\_\_

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	or Leadership PAC Sponsor
	NADLER VICTOR	RY FUND		
	Mailing Address	200 WEST 79TH STREET, #8N		
		NEW YORK	NY	10024
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representat	ive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		/ by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE ▲	
8.	Full Name	CITY A		
<ol> <li>8.</li> <li>9.</li> </ol>	Full Name      Mailing Address  TITLE OR POSITION	CITY A	STATE ▲  lephone Number	ZIP CODE A
	Full Name      Mailing Address  TITLE OR POSITION	CITY   Te  ries: List all banks or other depositories in which	STATE ▲  lephone Number	ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail	CITY   Te  ries: List all banks or other depositories in which	STATE ▲  lephone Number	ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Bank of Bank, Ban	CITY   CITY   Te  ries: List all banks or other depositories in which saintains funds.	STATE ▲  lephone Number	ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which saintains funds.  of America	STATE ▲  lephone Number	ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which saintains funds.  of America	STATE ▲  lephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** \_\_\_\_

(h). Joint Fundraisi	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
Name of Any Connected	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponse
Mailing Address	119 1ST AVENUE SOUTH		
-	SUITE 320		
	SEATTLE	WA	98104
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	Affiliated Committee	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif		nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif		t Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif		at Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif	fy by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Spo
Connecte  Designated Agent: Identification  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite tafety deposit boxes or make the compository, etc.  Connected  Con	fy by name, address (phone number – optional)  CITY   CITY   Tries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

1.			
		FEC ID number	C
2.		FEC ID number	С
3		FEC ID number	С
4		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	401 2ND AVENUE SOUTH		
S	SUITE 303		
	SEATTLE	WA	98104
	CITY A  ed Organization Affiliated Committee   Join  fly by name, address (phone number – optional)	STATE ▲  nt Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee		
Connecte esignated Agent: Identi	ed Organization Affiliated Committee		
esignated Agent: Identi	ed Organization Affiliated Committee		
esignated Agent: Identi	ed Organization Affiliated Committee X Join ify by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Join ify by name, address (phone number – optional)		